

**Implantable Device (Nexplanon/Implanon) Placement**

**Client Information for Informed Consent**

**Nexplanons and Implanons are small, thin, flexible, and radiopaque upper arm implants used for prevention of pregnancy**. Both Nexplanons and implanons contain 68mg of etenogestrel, which is a progestin hormone.

**How does the Nexplanon/Implanon work?**

The progestin in this birth control stops an egg from being released by your ovary and also prevents sperm from reaching an egg.

**How well does the Nexplanon/Implanon work?**

It’s over 99% effective in preventing pregnancy. It is not known if the nexplanon/implanon is as effective in overweight or obese women. Clinical studies did not include overweight women.

**How is the Nexplanon/Implanon inserted?**

The device is inserted into your non-dominant upper arm. Your skin is numbed and the applicator places the implant into your arm. After the device is placed it should be palpable to the touch in your upper arm.

**Advantages of the Nexplanon/Implanon:**

* Non-daily contraceptive device that is 99% in preventing pregnancy.
* Fertility is reversible upon removal of the device.
* Small and flexible device placed with a quick procedure in the arm.
* Lasts 3 years from the date of insertion.
* It is considered a discrete form of contraception.

**Possible side effects of the Nexplanon/Implanon:**

* Unpredictable periods. Some patients notice shorter periods, while others have longer periods than baseline. Some patients have no period at all. The time between periods may become longer, or shorter. Spotting between periods may occur.
* Headaches, acne, breast tenderness, mood swings, weight gain, vaginitis.

***The Nexplanon/Implanon does not protect against sexually transmitted infections.***

***Avoid unprotected sex for 7 days after placement of the Nexplanon/Implanon to prevent unwanted pregnancy after placement.***

**Risks of Nexplanon/Implanon:**

* Pain, irritation, swelling, or bruising at the insertion site
* Numbness and tingling at the insertion site
* Scarring, including a thick scar called a keloid, around the insertion site
* Infection
* Scar tissue may form around the implant making it difficult to remove
* The implant may come out by itself. You may become pregnant if the implant comes out by itself. Use a back-up birth control method and call your healthcare professional right away if the implant comes out
* The need for surgery in the hospital to remove the implant
* Injury to nerves or blood vessels in your arm
* The implant breaks making removal difficult

Certain health problems are contraindicated for use of the nexplanon/implanon. We will talk to you about your personal risks and health problems. We will examine you and help you decide if the Nexplanon/Implanon is right for you. You may need special test or extra visits to the clinic or a specialists referral for removal of your nexplanon/implanon.

**Warning Signs - *Call the clinic right away if you*:**

* Cannot palpate the device in your upper arm
* Have ongoing pain or bleeding at the insertion site
* Have signs of pregnancy
* Have unprotected sex with a partner with an STI
* Have persistent, heavy menstrual bleeding
* Have pain in your lower leg that is not going away
* Are coughing up blood or having difficulty breathing
* Have severe chest pain or heaviness
* Sudden severe headache
* Change in vision

**Please initial the following statements, then print/sign your name and date the end of the form and send it back to us.**

**\_\_\_\_\_ I request a (circle one) Nexplanon / Implanon**

\_\_\_\_\_ I will have a pregnancy test before the Nexplanon/Implanon is placed or replaced. If I had unprotected sex within the past 7 days the pregnancy test may not be accurate and may read negative with an early pregnancy is starting.

\_\_\_\_\_ Nexplanon/Implanon projects against pregnancy for 3-5 years and I must have it removed at that time.

\_\_\_\_\_ I understand that my Nexplanon/Implanon may be removed at any time

\_\_\_\_\_ The possible, serious risks of Nexplanon/Implanon placement include: infection, numbness, bleeding, allergic reaction and/or migration or expulsion of the device.

\_\_\_\_\_ I may have irregular bleeding after the placement of the Nexplanon/Implanon.

\_\_\_\_\_ I may have bruising, tenderness, scarring at the site of placement.

\_\_\_\_\_ I will avoid full submersion into a body of water for 7 days after placement of the Nexplanon/Implanon. I will leave the pressure bandage on the nexplanon/implanon insertion site for 24hours. I will allow the steri strips on the site of insertion for 3-5 days and allow them to fall off on their own.

\_\_\_\_\_ I can.may check the placement of the Nexplanon/Implanon by palpating the upper, nondominant arm after placement.

\_\_\_\_\_ I have been offered a Client Information sheet to take home about IUDs (see above). I also know it is available on the Merritt Health and Wellness website.

\_\_\_\_\_ I understand that Merritt Health and Wellness “Buys and Bills” for my device at the current price quote. *If not 100% covered by my insurance, I am responsible for any remaining balance. If MHW is not reimbursed by my insurance plan within 6 months of purchase for the device, I understand I will be billed for the total cost of the device by MHW, and upon prompt payment of that bill to MHW I can receive a receipt from MHW which I can then submit to my insurance plan for reimbursement.*

\_\_\_\_\_ I hereby consent that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provider name) insert/remove the Nexplanon/Implanon for me.

**Take care of your health. Don’t forget to get regular checkups and screening for STIs and cervical cancer.**

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**Patient Signature** **Date**

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**Guardian signature (if required) Date**

I witnessed the client receive, read and understand this information. Questions were answered and verbal confirmation of understanding was received.

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**Provider Signature Date**